

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>081518</i>	<i>10-12-00</i>
O.I.P.E. CLASSIFIER			<i>10-1-00</i>
FORMALITY REVIEW			<i>11/16/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)..... Canceled A Appeal
+ Restricted O Objected

Claim	Date
Final Original	
1	<i>3/26/03</i>
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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